GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

BARBER AND BEAUTY SHOPS, SCHOOLS, AND THE PRACTICE OF BARBERING AND COSMETOLOGY JOHN MOD SIMAS INSPECTION REPORT

אור	/ISION	OF	ENVIR	CONME	IAT	HEALTH	4

INSPECTION GRADE		GRADE	Inspection Date ESTABLISHMENT NAME:
Regular	~		8 110 117 RUBYS SALON & BARBERSHOP
Follow-Up	-	B/	Time In/Out: OWNER/OPERATOR:
Complaint	13/10	1.1	1-45PM 5-00-CAASI, NIXON/RUBY
Investigation	17.30		Sanitary Permit: LOCATION: MOS BLK 9 LOT 27 KFF BLDS UNIT!
Other(Specify Below)		Carry Company	No.: 1700003912 231 E BUENAVISTA AVE. DEDEDO
Tugus ord 1910.	JAJ IN	1211111111123	Exp.: 6/30/18 ESTABLISHMENT TYPE: BEAUTY SALON

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner as the

Departmen	nt indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written hearing request must be submitted be indicated correction date.	efore the
ITEM NO.*	REMARKS	DEMERITS
enible,	A REGULAR INSPECTION WAS CONDUCTED. PREVIOUS INSPECTION CONDUCTED ON 8/20/16 (0,A)	TO SEUT TO SEUT TO SEUT (SE OOM)
	THE FOLLOWING VIOLATIONS WERE OBSERVED:	Solds a
boverio to	HMPLOYEES HAMDS NOT WASHED BEFORE ATTENDING NEXT CLIENT. HANDS SHALL BE PROPERLY WASHED TO PREVENT CROSS-CONTAMINATION, & POTENTIAL SPREAD OF BACTERIA.	4
8	USE OF COMMON NECK DUSTERS WOODEN BRUSHER, & NAIL BUPFERS OBSERVED. COMMON NECK DUSTERS,	
	WOODEN BRUSHES & USE OF COMMON NAIL BUTTEDS SHALL NOT BE UTILIZED TO PREVENT ACCUMULATION OF BACIEDIA & OPOSS CONTAMINATION.	
25	SINK IN MEN'S RESTROOM INACCESSIBLE. UNATORIES SHALL BE MADE ACCESSIBLE TO PROMOTE PROPER HANDWASHING HYGIENE FOR BOTH EMPLOYEES &	TICLES!
	PATRONS:	come? 9
26 	NO PAPEZ TOWEL PROUDED FOR MEN'S RESTROOM. PAPEZ TOWELS OR A HAND DRYING DEVICE SHALL BE PROVIDED TO PROMOTE PROPER HANDWASH HYGIEN	E. 2
TH/	AVE READ AND UNDERSTAND THE ABOVE VIOLATION(S) AND I AM AWARE OF THE CORRECTIVE MEASURES TO BE TAKEN.	dimental to
correcte	RECEIVED BY (Name & Title): RECEIVED BY (Name & Title): DEH INSPECTOR (Name & Title): DER OME BARC	w
(1), (2), (3), ((7), (8), (17), (22), (24), (31), (43), and (45). DEH INSPECTOR (Name & Title): JEROME GARC	1AC

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GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

BARBER AND BEAUTY SHOPS, SCHOOLS, AND THE PRACTICE OF BARBERING AND COSMETOLOGY INSPECTION REPORT

DIVISION	OF FN	/IRONMENT	TAL HEALTH

DIVISION OF ENVIRONMENTAL HEALTH			1101 2011011 1121 0111			
-	GRADE	Inspection Date	ESTABLISHMENT NAME:			
7		810117	BUBY'S SMON & BARBERSHUP			
	B		OWNER/OPERATOR: 7 PORT AND SHAPE AND			
17.5	1/11	1.42 PM 3.00	CAASI, MIXON / RUBY			
71 24	10	Sanitary Permit:				
No.		No.: 1700005	12 UNIT 102 231 E BUENA-VISTA AVE			
			ESTABLISHMENT TYPE: BEAUTY SALON			
֡	7	GRADE B/ 16	GRADE Inspection Date S / 6 / 17 Time In/Out: :45PM 3.00 Sanitary Permit: No.: 1700005 Exp.: 62918			

M NO.*	REMARKS	DEME
9	NO MEASURING CURSOR SPOONS PROVIDED FOR SANITIZING SOLUTION. MEASURING CUPS OR SPOONS SHALL BE PROVIDED TO ENSURE EFFICACY OF SANITIZING SOLUTION.	2
batōta le	PHOTOS TAKEN - MANUEL M	mice/W 1970s
	PIC BRIEFED ON ABOVE.	TIME
initia vi	"A" PLACARD # 01509 REMOVED.	in mak namen magan
	"B" PLACARD # 01295 ISSUED.	
185	And Team Shreet agreeter pump, on Hillier Columbian Columbia	
	The colling decided and method and method and a Establishment saperated from other outsides.	
		triese
	Testing from and the first of the of the close of the control of the control of the close of the	in mark
hiolip	R SUPPLIY 43 LUKKET STITE SON TOTALS STITE SON TOTALS STITE SON TOTALS SERVING SON TOTALS SERVING SON TOTALS SERVING SON TOTAL SERVING SON TOTALS SERVING SERVING SON TOTALS SERVING SERVING SON TOTALS SERVING SON TOTALS SERVING SERV	STAW SP9UA

*When any of the following items are cited above, they shall be RECEIVED BY (Name & Title): corrected within ten (10) days of this inspection:

(1), (2), (3), (7), (8), (17), (22), (24), (31), (43), and (45).

DEH INSPECTOR (Name & Title):

JOCELYM GAGAMM &